**CDHN Management Board Application Form**



**Voluntary Management Board Opportunity**

Thank you for your interest in applying to join the Community Development and Health Network’s Management Board. Please use this form to provide useful information about yourself and to provide a good overview of why you are interested in this position. All information provided will be treated with the strictest of confidence.

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| **Name:** |  |
| **Address:** |  |
| **Email:** |  |
| **Telephone:** |  |
| **Current affiliations**  | **Name of Organisation and your Role**  |
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| **We are currently recruiting up to 5 new Board members.** **Please indicate which role you are interested in. You may choose more than one.** |
| Treasurer |  |
| Board Member |  |

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| **How familiar are you with the work of the Community Development and Health Network (CDHN)?** |
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| **Why are you interested in joining the CDHN Board?**  |
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| **Your relevant knowledge and experience of the community development and health sector – please share some examples from your work or volunteering history.**  |
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| **What leadership skills & experience do you have that may be relevant to your role as a CDHN Board member?****If you are interested in the role of Treasurer, please share examples of your experience in finance.** |
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| **Which of your skills would you most like to use on the Board? Please write below:** |
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| **What types of experiences, development skills or interests would you like to gain from your participation on the Board?**  |
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**Time Commitment:**

I am available to attend Board meetings 4-5 times per year, for 2 Hours, and can participate in an all operation planning meeting with the staff team, 1-2 days per annum.

**Conflict of Interest:**

I am not aware of any reason why I should not be considered for the position of CDHN Board member.

I confirm that I do not have any conflict of interest that would preclude me from participating on the Board.

**Your signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Please share the names and addresses of two character references (not relatives).****Referees must have known you for at least two years.** |
| **Referee 1** | **Referee 2** |
| Name:Address:Telephone:  | Name:Address:Telephone:  |

If you are not selected as a Board member, or if you decide not to join, would you consider a volunteer position in an area that matches your skills and interests?

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| --- | --- | --- |
| * Yes
 | * No
 | * Perhaps
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Please return your completed Application and the Equal Opportunities Monitoring Form to:

Marion O-Hare, Community Development and Health Network marionohare@cdhn.org

**By Tuesday 4th May 2021 before 12 noon.**